

PEER COUNSELOR APPLICATION

NAME	TELEPHONE NUMBER
ADDRESS	EMAIL

WAC 388-865-0150

"Consumer" means:

- A person who has applied for, is eligible for, or who has received mental health services.
- **For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.**

☐ I meet the definition of consumer as defined above.

Please check and answer all that apply.

☐ I am a consumer over the age of 16.

☐ I am employed providing peer support at

☐ I am a volunteer providing peer support at

☐ I have been employed to provide peer support within the last two years at

☐ Following certification as a Peer Counselor, I will be hired by

I understand that I must complete the forty hour training, successfully pass a written and oral exam and provide a current Counselor Registration to the Mental Health Division before final certification will be issued.

I have completed this application and attached Application Questions on my own.

SIGNATURE	DATE
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**DSHS/Mental Health Division
Peer Counselor Training and Certification Application
Instructions**

Instructions for Applying

This packet contains your application form and application questions. Please read, fill out carefully, the application and application questions. Then sign and date the application stating you completed this packet on your own.

Applicants applying to be trained and tested in the Peer Counselor Program must submit:

- 1) A signed and dated application and completed application questions.

**Attention: Bonnie Staples
DSHS Mental Health Division
P.O. Box 45320
Olympia, Washington 98504-5320**

Registration as a Counselor

Counselors are required to register with the Department of Health before providing services. Application material for registration will be provided and reviewed during Peer Counseling Training.

After applicants have completed the training and passed the required test, the application should be submitted. A copy of the DOH registration must be provided to the MHD before final certification is issued.

For further information contact:

Bonnie Staples
DSHS/ Mental Health Division
1-888-713-6010 or 360-902-0794